RESPONSE UNDER 37 C.F.R. § 1.116 EXPEDITED PROCEDURE EXAMINING GROUP 2625

In re Application of: Docket No. 00862.022290

NOBUYUKI HIRAYAMA Examiner: James A. Thompson

Application No.: 09/902,756 Group Art Unit: 2625

Filed: July 12, 2001 Confirmation No.: 9593

For: PRINTHEAD, HEAD CARTRIDGE HAVING

THE PRINTHEAD, PRINTING APPARATUS USING THE PRINTHEAD, AND PRINTHEAD

ELEMENT SUBSTRATE December 22, 2006

Mail Stop AF

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Response After Final Rejection in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | | |
|---|---|-------|---------------------------------------|------------------|-----------------|-------------------|--|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE | |
| TOTAL CLAIMS | 13 | MINUS | 20 | 0 | x \$25 \$50 | 0 | |
| INDEP. CLAIMS | 4 | MINUS | 4 | 0 | x\$100 \$200 | 0 | |
| Fee for Multiple Dependent claims \$180/\$360 | | | | | | | |
| | 0 | | | | | | |

| | Verified Statement claiming small entity status is enclosed, if not filed previously. | | | | |
|---|---|--|--|--|--|
| | A check in the amount of \$ is enclosed. | | | | |
| | Charge \$ to Deposit Account No. 06-1205. | A duplicate copy of this sheet is enclosed | | | |
| | Themonth extension of time fee and the additional claims fee are being paid electronically with this submission. The Commissioner is hereby authorized to charge any additional fees due, or to credit any overpayment, to Deposit Account No. 06-1205. | | | | |
| X | Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. | | | | |
| | A check in the amount of \$ to cover the fee for enclosed. | a month extension is | | | |
| | A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed. | | | | |
| X | Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below. | | | | |
| | Respectful | ly submitted, | | | |
| | /Gary M. J | acobs/ | | | |
| | · · · · · · · · · · · · · · · · · · · | ncobs or Applicant on No. 28,861 | | | |

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

DWP/klm

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